

Ilminster

Urban District Council



THE

ANNUAL REPORT

OF THE

MEDICAL OFFICER OF HEALTH,

FOR THE

Ilminster Urban District,

For the Year ending December 31st, 1904.

MEMBERS OF THE
ILMINSTER URBAN DISTRICT COUNCIL,
(for 1905.)

John Taylor, Esq., J.P., *Chairman*,

Mr. F. T. Adams,

„ R. Coombes,

„ R. J. W. Davison,

„ T. B. Edmonds,

„ J. Grabham,

„ L. Hepworth,

„ H. M. Hext,

„ A. Poole,

„ J. R. Paull,

„ S. Rowe,

„ J. F. Sanders,

M. B. Baker, Esq., *Solicitor, Clerk*,

Dr. Maidlow, *Medical Officer of Health*,

Mr. G. W. Warry, *Surveyor & Sanitary Inspector*.

MR. CHAIRMAN AND GENTLEMEN,

I have the honour to present you with the Sixth Annual Report of the sanitary condition and vital statistics of your district for the year ending December 31st, 1904.

ESTIMATED POPULATION, 2,293.

ACRES, 529. INHABITED HOUSES, 546.

Average Number of Persons per house, 4.18.

Occupation. Chiefly industrial and trading, some dairy production.

Geology. On Liassic Division (chiefly upper and middle layers) of the Jurassic System.

***TABLE I.**

Year.	Population. Estimated to middle of year.	Births.		Deaths under 1 year.		Deaths at all ages.	
		Number.	Rate per 1000 of estimated population.	Number.	Rate per 1000 births registered.	Number.	Rate per 1000 estimated population.
1899†	2,282	56	24.5	8	142.8	34	14.8
1900	2,284	54	23.6	5	92.5	31	13.5
1901‡	2,287	48	20.9	8	166.6	40	17.4
1902	2,289	48	20.9	6	125.0	29	12.6
1903	2,291	53	23.1	2	37.7	32	13.9
1904	2,293	52	22.6	4	76.9	22	9.5

**Tables I-V after form required by Local Government Board.*

† The year of the formation of the Urban District Council.

‡ Last Census.

TABLE II.

Vital statistics of separate localities in 1904 and previous years.

There have been no suspicious or remarkable groupings to render it necessary to fill up this table for so small a district.

TABLE III. (Act of 1889.)
CASES OF NOTIFIABLE DISEASES.

Disease.	At all Ages.	under 1.	1-5.	5-15	15-25.	25-65.	65 and upwards.
Membranous Croup	1		1				
Erysipelas	1					1	
Scarlet Fever	1				1		
TOTALS	3	0	1	0	1	1	0

TABLE IV.
CAUSES OF, AGES AT, DEATH DURING THE YEAR.

CAUSES OF DEATH.	Deaths in the whole District at subjoined Ages.						
	At all ages.	under 1.	1-5	5-15.	15-25.	25-65.	65 and upwards
Phthisis	1				1		
Cancer	1						1
Bronchitis	4	2					2
Pneumonia	3	2	1				
Cirrhosis of Liver	1					1	
Parturition	1					1	
Heart Diseases	2						2
Suicide	1					1	
Senile Decay	7						7
Marasmus	1	1					
TOTALS	22	5	1	0	1	3	12

TABLE V.

Giving the causes of death of children under 1 year
i.e., the "Infantile Mortality."

Bronchitis 2. Pneumonia 2. Marasmus 1.
Total 5.

= a Rate of 76·9 births registered.

Zymotic Death Rate = 0.

List of Nuisances reported and abated during 1904.

Nuisance	Smoke Nuisance.	Defective Drainage.	Defective Gutters.	Filthy Pigsties.	Accumulation of Manure or Refuse.	Choked Closets.	Want of Lime Washing.	TOTAL.
	1	13	8	3	2	2	2	31

During the year eight formal notices were served ; the majority of the nuisances were abated on preliminary notices being given. There has been a steady and prominent improvement in the sanitary condition of the district during the year.

G. W. WARRY,
 Sanitary Inspector.



VITAL STATISTICS.

As explained in my last report I have calculated these on an annual increment of population of a tenth of the increase shown in the last Intercensus Report. In 1891 our population was estimated 2,266, in 1901—2,286, *i.e.* a decennial increase of 21, or a fraction over 2 per annum. This proceeding I am assured is justifiable for small populations. The difference between this result and one calculated on the increase of births over deaths will be due to the excess of emigration over immigration, which if not true for any given year (for we can hardly have lost 31 by emigration) would be true for the whole decennium. Nearly a third of the deaths was due to “Senile Decay,” a convenient term for deaths where no particular organ seems in evidence, although it must be noted few people really die of old age, pure and simple. “Infantile Mortality” still stands at a low rate and our Death-rate is our lowest at present recorded. The Birth-rate remains stationary.

HOUSES OF THE LABOURING CLASSES.

This is an important question which is attracting attention almost everywhere. Whilst there is usually no disagreement on the general inefficiency and insufficiency, the remedy is difficult. Apparently it does not “pay” landlords to erect small tenements at the necessarily low rentals, (*e.g.* of 2/- a week. Several small houses at higher rentals are in process of construction.) This arises from the need to conform to certain local By-Laws, from the constant repairs of delapidations due to want of thought on the part of the tenants, and from other financial considerations into which one cannot enter here. The landlords are probably the best judges of the matter and as private citizens they can hardly be expected to act purely benevolently; and in any case the

Urban Council, who is guardian of the public purse, must be given time before acting. Fortunately our plight is not very pressing, and, for the present, I have come to the conclusion that constant observation of the more crowded courts, the attention to the subject due to the energy of Mr. Street, the fact that occupants except at nights are rarely all together, our general good hygiene, and the efforts of district visitors, have so much improved matters that we may consider we have made the best of what is at present almost unavoidable.

The Vital Statistics show a relative absence of much infectious and contagious disease, and when they do come there is no special incidence in the crowded and older parts.

I am anxious not to pose as an antagonist to progress in this direction, I only suggest a cautious yet observant attitude, slow as it may seem. As regards the "3 bedrooms," this is certainly, at first sight, desirable. Against it has been argued, however, (1) the additional bedroom if up-stairs (and if down-stairs would be probably used as a parlour) would increase the rental, (2) it is doubtful whether more than one family in three actually requires three bedrooms, (3) if it does they probably only require them for ten years out of a married life of thirty, if which be so, only one family in 9 would require more than two bedrooms, (4) who can prevent them from taking a lodger?

Other conditions such as lighting, cleanliness, ventilation, the state of repair, proper separation of the sexes, of course have to be considered and these constitute the chief difficulties with which we have to contend and must settle.

On March 16th, 1904, a sub-committee of the Council investigated the condition of some of the worst examples. I append the results and those also of one other cottage.

Name.	Over 10.	Under 5.	5-10	Total	Males	Fe- males.	Bedroom Accommodation in Cubic Feet	* Bedroom Accommodation per Head.	Condition of Premises	W.C's
B.	3	0	5	8	4	4	2,303	418	Satisfactory	} 1 W.C. per the 26.
F.	4	0	3	7	4	3	1,410	255	Satisfactory	
W.	3	0	5	8	4	4	1,564	284	Bedroom floor bad & walls in disrepair	
P.	3	0	0	3	0	3	1,040	346	Satisfactory	
O.	6	4	1	11	7	4	2,542	391	An old cottage which needs lime washing & stopping	

‡ Their well water was analysed with satisfactory results by County Analyst.

* Persons under 5 are omitted, between 5 and 10 are counted as one-half, over 10 as one in these calculations.

FACTORY AND WORKSHOP ACT, 1901.

By this Act the Council is required to keep a register of all Factories and Workshops in the district. By the definition there are 7 factories, 26 workshops and 3 workplaces, the Workshops consisting of 4 Bake-houses, 3 Slaughter-houses, 19 Workshops of other kinds. The main duties are as follows, and it seems to devolve upon the Medical Officer of Health to see them carried out. 1.—The sanitary condition generally including (a) cleanliness, (b) air space, (c) ventilation, (d) drainage. 2.—Provision of means of escape in case of fire. 3.—Special sanitary arrangements for bake-houses, such as lime washing, floor level, closets, etc. 4.—Home-work. To prevent home-work being done in unwholesome houses or where infectious disease exists.

There are no Laundries in the district “within the meaning of the Act.” I am able to state that these conditions are well fulfilled and H. M. factories inspector has not called my attention to any deficiency. As regards sect: 2 I think steps will eventually have to be taken for the purpose

of a fire escape. By sect : 4, it is my duty to visit the houses of all outworkers in the district, I have not made a systematic one, but the houses are under my constant observation. The names of outworkers living in other districts are sent to the Council of such districts and from their Medical Officer of Health has to be gathered knowledge of any disease, etc., detrimental to the factory whither they take their work. Otherwise with your sanitary inspector I have made systematic inspections.

MID-WIVES ACT, 1902.

There is some doubt concerning the main features of this Act which, seeing its importance, I venture to endeavour to clear up, (1) After April 1st, 1905, no uncertified woman shall take or use the name or title of midwife. Existing midwives (unless acting under a doctor) whose education prevents them from getting a license under the recognised Bodies approved by the Central Midwives Board must produce evidence of having been for at least one year prior to the 31st July, 1902, in bona-fide practice as a midwife, and that she bears a good character. Such certificates will have to be obtained from a Clergyman or a Doctor, (c.g.) Existing midwives should therefore see to the matter as soon as possible. (2) From and after the 1st April, 1910, no woman shall habitually attend women in child-birth otherwise than under a doctor unless certified under the Act. Then no certificates except after examination will be given. The general supervision of the Act probably rests with the County Council. Some such Act was necessary despite the usual safety of child-birth, for there is no doubt thousands of women annually loose their lives or their health owing to the mismanagement and neglect of ordinary precautions in the hands of absolutely ignorant women.

WATER SUPPLIES. We have had no outbreak of

disease which can be attributed to impure water. I have analysed the supplies of Court Barton, Cross and Chink with satisfactory results. There seems to be no doubt of the necessity of a better supply to houses not connected with the mains, some of which depend upon wells all more or less open to pollution, and many have to walk considerable distances to get that necessary article.

DAIRIES, SEWAGE FARM AND DISPOSAL OF REFUSE have all been under observation and seem satisfactory. There is nothing fresh to report about the Dairies, but they need constant supervision.

INFECTIOUS AND CONTAGIOUS DISEASES. We may justly congratulate ourselves on our continued immunity from these. Only 3 "notifiable" diseases occurred; the case of Scarlet Fever was certainly imported from Taunton, the case of Erysipelas presented no unusual features and it is by no means certain that Membranous-croup is Diphtheria. No case died and no spreading. Nor were there many of the *non-notifiable* diseases. Tuberculosis is still too prevalent. I hope to see public opinion educated to thorough disinfection after death, a proper carrying out of modern methods of treatment, preventative and curative; and public notices against promiscuous spitting. I venture to mention once more some necessary precautions, they are:— plenty of the available sunlight and fresh air, care of the milk-supply, avoidance of haphazard spitting, keeping the expectation in a portable vessel containing a disinfectant, avoidance of over-crowding, and such attention to the personal health as may be summed up in the words self-restraint and self-compulsion.

I am, gentlemen,

Yours obediently,

W. H. MAIDLOW, M.D.,

(*Medical Officer of Health.*)

Ilminster, January, 1905.

